

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No.....
 Primary Registration District No.....
 (No. 2211 Sullivan Ave)

791
 1003

File No.....
 Registered No. 2749
 St. Ward)

2. FULL NAME

(a) Residence. No. St. 20 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Amalia Hauisen</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 25 1870</i>		
7. AGE YEARS <i>56</i>	MONTHS <i>6</i>	DAY <i>23</i>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Merchant*
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer *Fruit - Produce.*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *St Louis*

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT *Amalia Hauisen*
 (Address) *2211 Sullivan Ave*

15. FILED *21 1927* *may 6 Starkeoff*
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 18 1927*
 17. I HEREBY CERTIFY, That I attended deceased from *10* to *March 18 1927*
 that I last saw h. alive on *March 18 1927*, and that death occurred, on the date stated above, at *2 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(atrophic Corrosion of Liver)
Alcoholism
12 Hrs 122 W
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) *Acute Arterial Scurvy*
(Some history of alcoholic use)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Alfred Theo Vogler*, M. D.

3/19, 1927 (Address) *4244 W. Flonasant.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Bethlehem Cemetery

3/21/27 19

20. UNDERTAKER

ADDRESS

Theo. W. Biedenwieden

1936 St James Ave

